

PETITION FOR LICENSE TRANSACTION

THE COMMONWEALTH OF MASSACHUSETTS

_____ 20 ____

_____ CHANGE OF LOCATION

_____ PLEDGE OF STOCK

_____ PLEDGE OF LICENSE

_____ CHANGE OF CORPORATE NAME

_____ CHANGE OF D/B/A

_____ CHANGE OF MANAGER

_____ CHANGE OF LICENSE TYPE

_____ CORDIALS AND LIQUEURS PERMIT

To the

Licensing Board for the

The undersigned respectfully petition for

Signed

Title

APPLICANT MUST NOT FILL IN
GENERAL PETITION 20_____

RESTRICTIONS — REMARKS

License No. _____ Class _____

Ward _____ Prec. _____ Div. _____

PETITION TO: _____

Board's Action

GRANTED _____

REJECTED _____

Rec'd By: _____ Fee _____

Receipt No. _____

PETITION FOR LICENSE TRANSACTION

THE COMMONWEALTH OF MASSACHUSETTS

_____ 20 _____

_____ CHANGE OF LOCATION

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_____ CHANGE OF CORPORATE NAME

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_____ CHANGE OF MANAGER

_____ CHANGE OF LICENSE TYPE

_____ CORDIALS AND LIQUEURS PERMIT

To the

Licensing Board for the

The undersigned respectfully petition for

Signed

Title

Form 997

APPLICANT MUST NOT FILL IN
GENERAL PETITION 20_____

RESTRICTIONS — REMARKS

License No. _____ Class _____

Ward _____ Prec. _____ Div. _____

PETITION TO: _____

Board's Action

GRANTED _____

REJECTED _____

Rec'd By: _____ Fee _____

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**THE COMMONWEALTH OF MASSACHUSETTS
ALCOHOLIC BEVERAGES CONTROL COMMISSION**

Application for Alcoholic Beverage License for Retail Sale

City/Town:

- () New License
() Transfer of License
() Transfer of Stock
- () New Officer/Director
() Other _____
(Specify)

1.

Name to appear on the license:	
Business name (d/b/a), if different:	
Manager of Record:	FID of Licensee:
Address of Premises; Street:	Zip code:
Phone number of premises: ()	

2. Type of license: (check only one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Club | <input type="checkbox"/> Package store | <input type="checkbox"/> Veterans club |
| <input type="checkbox"/> General on premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Innholder | <input type="checkbox"/> Tavern | (Specify) |

3. License Category:

<input type="checkbox"/> All Alcoholic	<input type="checkbox"/> Wine and Malt
<input type="checkbox"/> Malt only	<input type="checkbox"/> Wine only
<input type="checkbox"/> Wine and Malt with Cordials Permit	

4. License Class:

<input type="checkbox"/> Annual	<input type="checkbox"/> Seasonal
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5. Person (attorney if applicable) who can be contacted concerning this application:

Name:
Address:
Phone number: ()

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:

6a.

Seating capacity:	Occupancy number:
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7. Applicant is an: ☐ Association ☐ Corporation ☐ Individual

☐ Partnership ☐ Non-profit corporation

8. If applicant is an individual or partnership: List for individual or each partner.

Full Name	Home Address	D.O.B.	SSN

8a. Is individual or are all partners United States citizens? ☐ Yes ☐ No

If no, specify citizenship: _____

8b. Is individual or are all partners involved at least twenty-one years old? ☐ Yes ☐ No

9. If the applicant is a corporation, complete the following:

State of Incorporation:	Date of Incorporation:
Fiscal Year Ends:	Date qualified to do business in MA:

9a. How many shares of stock are authorized? _____ How many shares of stock are issued? _____

Provide in the box below the names of all officers, directors, stockholders and manager.

Use * to indicate director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of stock owned or controlled

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the applicant is a corporation, answer the following questions:

- Are the majority of directors United States citizens? ☐ Yes ☐ No
- Are the majority of directors citizens of Massachusetts? ☐ Yes ☐ No
- Is the manager or principal representative a U.S. citizen? ☐ Yes ☐ No

10. If the applicant is an association, provide in the box below the names of all association officers and members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license?
___ Yes ___ No (If yes complete a,b,c, and d)

a. Give an exact description of the construction, remodeling, redecorating or building on the premises : _____

b. What are the estimated costs? _____

c. What is the construction schedule? _____

d. State all sources of construction financing: _____

12. Do you own the premises? ___ Yes ___ No. If yes, please respond to the question below.

___ As an individual ___ Jointly _____ Name of Realty Trust

_____ Name of Corporation

___ Other _____
(specify)

(If you do not own the premises to be licensed, provide the following information about the owner.)

Name: _____ Phone number: () _____

Address: _____

12a. If a lease or rental, provide the following information: \$ _____ per _____
(month, year, etc.)

Beginning date of lease _____ Ending date of lease _____
(provide a copy of the lease.)

Financial

13. What assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$

13b.

Identify in the box below all sources of financing?

Mortgage: \$	Seller: \$
Cash: \$	Other (specify): \$

Document all sources e.g., -Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions:

(provide purchase and sale documents)

13d. Are you seeking approval for license to be pledged? ___ Yes ___ No

If yes, to whom? _____

13e. Will the inventory be pledged?

___ Yes

___ No

If yes, specify to whom _____

13f. If a corporation, are you seeking approval for any corporate stock to be pledged?

___ Yes

___ No

If yes, identify to whom and identify the number of shares to be pledged. _____

OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home address	D.O.B.	SSN	Phone Number

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or entity	Beneficial or financial interest

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

___ Yes

___ No

(If yes, provide the following for each person or entity.)

Name	Type of license	License name and address	Description of Interest

- 14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? ☐ Yes ☐ No (If yes, provide the following for each person or entity.)

Name	Type of License	License name and address	Date ownership surrendered

- 14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the license was terminated

- 14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? ☐ Yes ☐ No (If yes, provide the following information)

Date	License	Reason why the license was suspended, revoked, or cancelled

- 14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? ☐ Yes ☐ No (If yes, attach a statement of details.)

15. a. Each individual applicant must sign.
b. Applications by a partnership must be signed by a majority of the partners.
c. Applications by a corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
d. Applications by an association must be signed by a majority of the members of the governing body. All signers must have answered question 10.
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this _____ day of

_____, 20_____.

By: Signature of Full Name

Title

[illegible]

Rec'd By _____ Fee _____ Receipt No. _____

Closing Hour Granted _____

LICENSING BOARD FOR THE CITY OF BOSTON

Room 809, City Hall, Boston, Mass. 02201

Date _____ 20 _____

FINANCIAL DISCLOSURE FORM

ALL APPLICANTS/PETITIONERS MUST COMPLETE THIS FORM FOR ALL TRANSFERS OF INTERESTS, PLEDGES OF ANY KIND, AND FOR NEW APPLICATIONS.

1. CORPORATION, INDIVIDUAL OR PARTNER'S NAME(s) _____ ADDRESS _____ CITY OR TOWN _____ ZIP _____

2. PLEASE SPECIFY WHAT WAS PURCHASED AND THE PRICE THEREOF:

A. _____ License \$ _____
 B. _____ Stock of Corp. _____
 C. _____ Real Estate _____
 D. _____ Assets of Corp. _____
 E. _____
 Total Purchase Price \$ _____

3. FINANCING

SOURCE OF FUNDS

A. Cash Down Payment \$ _____
 B. Loan #1 _____
 C. Loan #2 _____

TOTAL \$ _____

4. FOR LOAN TRANSACTION AS APPEARING IN ITEM #3

PLEASE SHOW:

LOAN # 1

LOAN # 2

A. Amount of Loan \$ _____
 B. Payee's Name and Address _____

C. Guarantor's Name and Address _____

D. Security for the Loan(s) _____

5. IF APPLICANT LEASES THE PREMISES, LIST THE LESSOR, ANNUAL RENT AND INDICATE TO WHOM SUCH PAYMENTS ARE MADE IF OTHER THAN THE LESSOR.

A. Name and Address of Lessor _____

B. Name and Address of Lessee _____

C. Annual Rent \$ _____

D. Name and Address of Payee other than Lessor _____

SIGNED AND SUBSCRIBED TO UNDER THE PAINS AND PENALTIES OF PERJURY THIS _____ DAY OF _____ BY: _____

Printed: _____

THIS FORM FOR FINANCING

IS LICENSE PART OF COLLATERAL: YES ☐ NO ☐
(Using Liquor License To Secure Financing)

PURCHASE PRICE: _____

WHAT ASSETS WERE PURCHASED: PREMISES ☐ FURNITURE ☐
EQUIPMENT ☐ INVENTORY ☐
GOOD WILL ☐

OTHER ASSETS: _____

NAME OF PURCHASER(S): _____

HOW FINANCED: \$ _____
(Cash - Loans - Mortgage - Bank - Seller - etc.)

PREMISES: OWNED ☐ LEASED ☐ RENTED? IF LEASED OR RENTED OWNER'S
NAME AND MONTHLY TERMS.

ANY ADDITIONAL INFORMATION THAT YOU MAY HAVE THAT WOULD HELP THE COMMISSION
APPROVE THIS APPLICATION: _____

SIGNED AND SUBSCRIBED UNDER PENALTY OF PERJURY THIS _____ DAY
OF _____ 20 _____

BY: SIGNATURE: _____ TITLE: _____

20

At a meeting of the Board of Directors of

held at _____ on _____ 20

it was duly voted that the Corporation apply to the Licensing Board for the City of Boston for a

license, for the year _____ to be exercised on the premises located at _____

“VOTED: To authorize _____

to sign the application for the license in the name of _____

_____ and
to execute in its behalf any necessary papers, and to do all things required relative to the granting of the license.”

“VOTED: To appoint _____ of _____

as its manager or principal representative, with as full authority and control of the premises described in the license of the Corporation and of the conduct of all business therein relative to alcoholic beverages as the licensee itself could in any way have and exercise if it were a natural person resident in the Commonwealth of Massachusetts and that a copy of this vote duly certified by the Clerk of the Corporation and delivered to said manager or principal representative shall constitute the written authority required by Sec. 26, Chap. 138, G. L.”

This is to certify that a majority of the directors of _____

_____ a Corporation duly organized under the laws of _____
are residents of the Commonwealth of Massachusetts and citizens of the United States.

This Corporation has _____ been dissolved.

A TRUE COPY
ATTEST

Clerk

20

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held at _____ on _____ 20

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license, for the year _____ to be exercised on the premises located at _____

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and

to execute in its behalf any necessary papers, and to do all things required relative to the granting of the license.”

“VOTED: To appoint _____ of _____

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